

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

ADDRESS (number and street) 7910 WOODMONT AVENUE SUITE 1050

Check if different than previously reported. (ACC) BETHESDA MD 20814

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00401695

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE**-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post**-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christine deVries

Signature of Treasurer Electronically Filed by Christine deVries Date 01 21 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2009"/>		13329.30
(b) Cash on Hand at Beginning of Reporting Period	24049.29	
(c) Total Receipts (from Line 19)	6105.00	19595.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30154.29	32924.30
7. Total Disbursements (from Line 31)	1797.98	4567.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28356.31	28356.31
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4050.00	12685.00
(ii) Unitemized	2055.00	6910.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6105.00	19595.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6105.00	19595.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6105.00	19595.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6105.00	19595.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1797.98	3567.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1797.98	3567.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1797.98	4567.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1797.98	4567.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6105.00	19595.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6105.00	19595.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1797.98	3567.99
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1797.98	3567.99

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-AC)

A.	Full Name (Last, First, Middle Initial) Dr. Charles Blackinton	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 303 Courthouse So. Dennis Rd PO Box 456	Transaction ID: SA11AI.5422
	City State Zip Code Cape May Courthous NJ 08210	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Private Practice Occupation Geriatric Psychiatrist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Karen Blank	Date of Receipt MM / DD / YYYY 10 / 19 / 2009
	Mailing Address Institute of Living 200 Retreat Avenue	Transaction ID: SA11AI.5423
	City State Zip Code Hartford CT 06106	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Institute of Living Occupation geriatric psychiatrist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Jose Delgado	Date of Receipt MM / DD / YYYY 11 / 12 / 2009
	Mailing Address Post Office Box 909	Transaction ID: SA11AI.5408
	City State Zip Code Marion MA 02738-0016	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Private Practice Occupation Geriatric Psychiatrist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-AC)

A.

Full Name (Last, First, Middle Initial)
Dr. Edwin P. Gramlich

Mailing Address Kona Community Hospital
79-1019 Haukapila Street

City Kealahou State HI Zip Code 96750

FEC ID number of contributing federal political committee. **C**

Name of Employer Kona Community Hospital Occupation Geriatric Psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5401

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert M. Greenberg

Mailing Address 417 Park Avenue
Apt. #4E

City New York State NY Zip Code 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Geriatric Psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.5426

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Dr. Paul Kirwin

Mailing Address 950 Campbell Ave

City West Haven State CT Zip Code 06516

FEC ID number of contributing federal political committee. **C**

Name of Employer Vet. Affairs Conn. Hlthcr syst Occupation Geriatric Psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.5394

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-AC)

A.

Full Name (Last, First, Middle Initial)
Dr. Louis D. Klein

Mailing Address 20220 Center Ridge Road
Ste. 336

City Rocky River State OH Zip Code 44116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Geriatric Psychiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
10 / 30 / 2009

Transaction ID: SA11AI.5402

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Gary Moak

Mailing Address 21 Longmeadow Rd.

City Westborough State MA Zip Code 01581

FEC ID number of contributing federal political committee. **C**

Name of Employer Moak Geriatric Psychiatry Asso Occupation Geriatric Psychiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
09 / 28 / 2009

Transaction ID: SA11AI.5391

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jason Mondale

Mailing Address Widger Road

City Marblehead State MA Zip Code 01945

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Geriatric Psychiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
12 / 16 / 2009

Transaction ID: SA11AI.5415

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

<p>A. Full Name (Last, First, Middle Initial) Dr. David W Oslin</p> <p>Mailing Address Univ Pa, Geriatric Psychiatry VISN 4 MIRECC, 3900 Chestnut St</p> <p>City Philadelphia State PA Zip Code 19104</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer University of Pennsylvania Occupation Geriatric Psychiatrist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 08 / 2009</p> <p>Transaction ID: SA11AI.5385</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Cash Contribution</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Dr. Charles F. Reynolds, III</p> <p>Mailing Address 210 Tennyson Avenue</p> <p>City Pittsburgh State PA Zip Code 15213</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Western Psychiatric Institute Occupation Geriatric Psychiatrist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2009</p> <p>Transaction ID: SA11AI.5418</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Daniel D. Sewell, M.D.</p> <p>Mailing Address Senior Behavioral Health Program, UCSD Med Ctr, 200 West Arbor Dr.</p> <p>City San Diego State CA Zip Code 92103-8631</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer University of CA, San Diego Occupation Geriatric Psychiatrist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2009</p> <p>Transaction ID: SA11AI.5392</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-AC)

A.

Full Name (Last, First, Middle Initial)
Dr. Joel Streim

Mailing Address 631 Revere Rd.

City Merion State PA Zip Code 19066

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Pennsylvania Occupation geriatric psychiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2009

Transaction ID: SA11AI.5405

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert A Sweet

Mailing Address Biomedical Science Tower,Rm W-1645
3811 O'Hara Street

City Pittsburgh State PA Zip Code 15213-2593

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Pittsburgh Occupation Geriatric Psychiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt 12 / 06 / 2009

Transaction ID: SA11AI.5413

Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jwalant K. Vadalia

Mailing Address 143 High Ridge Road

City Manchester State NH Zip Code 03104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Geriatric Psychiatry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 19 / 2009

Transaction ID: SA11AI.5406

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-AC)

A.	Full Name (Last, First, Middle Initial) Marjorie Vanderbilt	Date of Receipt MM / DD / YYYY 12 / 18 / 2009
	Mailing Address 501 Slaters Lane	Transaction ID: SA11AI.5416
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Amer Assn for Geriatric Psych Occupation: Deputy Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Edgar Weiss	Date of Receipt MM / DD / YYYY 12 / 22 / 2009
	Mailing Address 67 President Street Post Office Box 250861	Transaction ID: SA11AI.5417
	City State Zip Code Charleston SC 29425-0000	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Medical University of S. Carol Occupation: Geriatric Psychiatrist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Tomislav Zargaj	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 10 Fairview Road	Transaction ID: SA11AI.5403
	City State Zip Code Salem MA 01970	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Occupation: Geriatric Psychiatrist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	4050.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)
River Street Riverboat Company

Transaction ID: SB21B.5427

Date of Disbursement

Mailing Address 9 East River Street
P.O. Box 10086

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

City Savannah State GA Zip Code 31412

Amount of Each Disbursement this Period

1741.00

Purpose of Disbursement
PAC Fundraising Event Expense

003
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1741.00

TOTAL This Period (last page this line number only) ►

1741.00
